Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Group Art Unit::

2876

Suggested Classification:

235/379

Title::

CASH DISPENSING AUTOMATED BANKING

MACHINE DEPOSIT ACCEPTING SYSTEM AND

METHOD

Attorney Docket Number::

D-1218 R9

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

70

Total Drawing Sheets:

68

Small Entity::

No

Petition included?::

No

Secrecy Order in Parent Appl.?:: No

Initial 03/08/04

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: William

Middle Name:: D.

Family Name:: Beskitt

Name Suffix::

City of Residence:: Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 4817 Meadowlane Drive

City of mailing address:: Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffery

Middle Name:: M.

Family Name:: Enright

Name Suffix::

City of Residence:: Akron

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 4496 Rex Lake Drive

City of mailing address:: Akron

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44319

Page #3

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffrey

Middle Name::

Family Name:: Eastman

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 2152 Mohler Drive NW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Postal or Zip Code of mailing address:: 44720

Page #4

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Franklin

Middle Name:: M.

Family Name:: Theriault

Name Suffix::

City of Residence:: Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 4503 Northview Avenue NW

City of mailing address:: Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: R.

Middle Name:: Matthew

Family Name:: Dunlap

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 1319 Elmwood Avenue SW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Sean

Middle Name::

Family Name:: Haney

Name Suffix::

City of Residence:: North Canton

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 5426 Chianti Street NW

City of mailing address:: North Canton

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Colin

Middle Name::

Family Name::

Fitzpatrick

Name Suffix::

City of Residence::

Smithville

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

389 N. Summit St.

City of mailing address::

Smithville

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Edward

Middle Name::

L.

Family Name::

Laskowski

Name Suffix::

City of Residence::

Seven Hills

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

6154 Winchester Drive

City of mailing address::

Seven Hills

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Mike

Middle Name::

Family Name::

Ryan

Name Suffix::

City of Residence::

Canton

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

1403 44th Street NE

City of mailing address::

Canton

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Bill

Middle Name::

Family Name::

Lavelle

Name Suffix::

City of Residence::

Massillon

State or Province Of Residence:: OH

Country of Residence::

US

Street of mailing address::

3255 Broadhaven Avenue NW

City of mailing address::

Massillon

State or Province of mailing address::

ОН

Country of mailing address::

US

Postal or Zip Code of mailing address::

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name::

Family Name:: Schultz

Name Suffix::

City of Residence:: Massillon

State or Province Of Residence:: OH

Country of Residence:: US

Street of mailing address:: 7453 Quail Hollow NW, Apartment B16

City of mailing address:: Massillon

State or Province of mailing address:: OH

Country of mailing address:: US

Inventor Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Matthew

Middle Name::

Family Name::

Force

Name Suffix::

City of Residence::

Uniontown

State or Prov. Of Residence::

ОН

Country of Residence::

US

Street of mailing address::

2624 Country Squire

City of mailing address::

Uniontown

State or Province of mailing address::

OH

Country of mailing address::

US

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number::	28995

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	An application	60/453,397	03/10/2003
	claiming the benefit		
	under 35 USC 119(e)		

Assignee Information

Assignee Name::

Diebold Self-Service Systems

Division of Diebold, Incorporated

City of mailing address::

North Canton

State or Province of mailing address::

OH